

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **15 64 116**

Primary Registration District No. **3020**

Registrar's No.

**0018630**

STATE FILE NUMBER

VS 300  
Rev. 4/59

**10365**

**20365**

**3**

**4 1**

**5 1**

**6**

**7 0**

**8 3**

**94201**

**10**

**11**

**12 3-0**

**13 3-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

**Franklin**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Washington**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **St. Francis Hosp**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** COUNTY **Franklin**

c. CITY  
OR  
TOWN **Washington**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **1025 E. Fifth St.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
**MADGELENA K. LOHMEYER**

4. DATE  
OF  
DEATH **June 12, 1964**

5. SEX  
**F**

6. COLOR OR RACE  
**W**

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
**12/27/1890**

9. AGE (last birthday)  
**73**

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Housekeeper**

10b. KIND OF BUSINESS OR INDUSTRY  
**Own Home**

11. BIRTHPLACE (City and state or country)  
**Kiel (Port Hudson) Mo. USA**

12. CITIZEN OF WHAT COUNTRY  
**USA**

13a. FATHER'S NAME

**William Kraemer**

13b. MOTHER'S MAIDEN NAME

**Henrietta Flottmann**

14. NAME OF HUSBAND OR WIFE

**Frank Lohmeyer Sr.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**no none**

16. SOCIAL SECURITY NO.  
**70**

17. INFORMANT Address **1025 W. 5th St**  
**Frank Lohmeyer, Washington, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cerebral aneurysm**  
**Arterio-sclerosis**

INTERVAL BETWEEN  
ONSET AND DEATH  
**9 days**

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Cerebral myocardial damage**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m.  
p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **6/3/64** to **6/12/64** and last saw her alive on **6/12/64**  
Death occurred at **1:15 p.m. DST** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Dr. M. Otto**

22b. ADDRESS

**205 Elm Washington Mo**

22c. DATE SIGNED

**6/13/64**

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

**Burial**

23b. DATE

**June 15, 1964**

23c. NAME OF CEMETERY OR CREMATORY

**Lutheran Cem**

23d. LOCATION (City, town, or county)

**Washington, Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Henry W. Otto, Washington, Mo.**

25. DATE RECD. BY LOCAL REG.

**6/13/64**

26. REGISTRAR'S SIGNATURE

**Leola C. Flottmann**

USE BLACK INK

OR

TYPEWRITER RIBBON

JUN 18 1964

THE EMBALMER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Henry W. Otto*

Licensed Embalmer No. 3560

P. O. Address Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.